

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PLACE OF DEATH

County St. Charles
Township Acadental
or St. Peters
Village St. Peters
or St. Peters
City St. Peters (NO. _____ St. _____ Ward _____)

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 760 File No. 15500
Primary Registration District No. 6001 Registered No. 11

FULL NAME

Lena Schulte

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE married
MARRIED married
WIDOWED married
OR DIVORCED married
(Write the word)

DATE OF DEATH Apr. 17, 1911
(Month) (Day) (Year)

DATE OF BIRTH Octob 24, 1850
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May, 1910, to April 17, 1911,
that I last saw her alive on April 16, 1911,
and that death occurred, on the date stated above, at 1³⁰ a.m.

AGE 60 yrs. 5 mos. 20 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis
131
1113

OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 9-0

BIRTHPLACE St. Gallen
(City or town, State or foreign country)

(Duration) 1 yrs. 5 mos. 1 ds.

Contributory Pulmonary edema
(SECONDARY) (Duration) ___ yrs. ___ mos. 7 ds.

PARENTS
NAME OF FATHER St. Schmeissel
BIRTHPLACE OF FATHER Germany
(City or town, State or foreign country)
MAIDEN NAME OF MOTHER E. Schief
BIRTHPLACE OF MOTHER Germany
(City or town, State or foreign country)

Signed J. M. Janssen M. D.
April 17, 1911 (Address) St. Peters, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Herry Schulte
(ADDRESS) St. Peters

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Old Saint St. Peters DATE OF BURIAL Apr 17, 1911

UNDERTAKER St. Wahhaus ADDRESS St. Peters

Filed April 17, 1911 REGISTRAR J. M. Janssen

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on

Statement of cause of death.—**DISEASE CAUSING DEATH** (the primary affection with respect to time and causation), etc. But in many accepted term for the same diseases, it is necessary to specify the only definite and also (b) the cerebrospinal meningitis"; *Diphtheria* and therefore an "Croup"; *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia*; *meninges, peritonaeum, etc., Carcinoma*. The material use of "Tumor" for malignant

specification, as
—Coal mine, etc.
the duties of the
ers who receive a
Housewife, House-
gainfully employed,
uld be taken to re-

port specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sar-*

ing of illness. If re-
ay be indicated thus:
who have no occu-

coma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or minimal conditions, such as "Asthma," "Anæmia" (merely symptomatic), "Atrophy," "Collapse," "Convulsions," "Debility" ("Congenital," "Senile," et "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify diseases resulting from childbirth or miscarriage, "PUERPERAL septicaemia," "PUERPERAL peritonitis," State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY: qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

